CUSTODIAN INFORMATION FORM

(To be completed by CBS Staff)

Youth:			DOB:	·	Client ID#:		
Custodian's Fu	Il Name:						
Date of Birth: _		_ Age:		SSN#:			
Telephone Nos	.: Home:	V	Vork:		Cell:		
Mailing Address	S:						
	S:(P.O. Box/Stre	eet)		(City)	(State)	(Zip Code)	
Home Address	(if different):(Physi						
5 1 11 11 1	(Physi	cal Location	of Hou	se)			
Relationship to	Youth:	\\\ \/ =l - \	Lei	ngth of Rela	tionship:		
Occupation:		vvork A	Adaress	:			
Other Persons	in Same Household:						
			Relationship		to Relationship to		
Name 1		Age	-		•		
2.							
3		_					
4		_					
5		_					
(Use back if	additional space is ne	eeded)					
la transportation	a available te piek up	and watering	مه اما دم	facility O	Vaa □ Na		
is transportation	n available to pick up	and return	Crilia to	racility?	res uno		
Transportation	to be used:						
•		Model	odel Year		Color License#		
1							
2.							
name of author	rized adult providing	transportation	on (it no	t custodian)	·		
□ Yes □ No	Are you a Furlough Custodian for another youth currently in a facility? If Yes,						
L 103 L 110	provide the following:			iother youth currently in a facility: In 163,			
	provide the fellowing.						
	Youth's Name		Client ID #		Facility		
					-		
□ Yes No	Have you ever been convicted of a Misdemeanor or Felony? If Yes, please provide the following:						
	provide the renewing.						
	Offense		Date Dis		sposition (Probation/Prison)		
□ Voc. No.	Are you or envene in your bougehold assured by an Drobetian and Decide						
□ Yes No	Are you or anyone in your household currently on Probation or Parole?						
	If Yes, please provide the following:						
	Name of Individual		Age Re		elationship to Youth		
						idadilonip to Toutif	
0:							
Signature:				Date	e:		